

MEMORANDUM

TO: Independent Contractors

FROM: _____
Conrad T. Spangler, Division Director

SUBJECT: Annual Report

DATE: January 2, 2003

The Mineral Mine Safety Laws of Virginia, Section 45.1-161.292:35.B. of the Code of Virginia, requires that each independent contractor in the following categories, who has worked at a mine, provide an annual report to the Division of Mineral Mining (DMM) no later than February 15 of each year:

- **Extraction and Processing** (drillers, blasters, portable crushers, stripping and land clearing contractors, etc.)
- **Maintenance and Repair of Mobile and Stationary Equipment** (welders, mechanics, painters, electricians, etc.)
- **Mine Construction** (plant construction, repair and maintenance, electricians, concrete fabricators, equipment erectors, etc.)

This report shall be for the preceding 12-month period ending December 31 and must provide the following information:

- Independent contractor's name and Department (Division of Mineral Mining) identification number;
- The total number of the independent contractor's employees who worked at each mine site, listed by mineral mining company name and Virginia DMM permit number;
- The total number of the independent contractor's employee hours worked at each mine site, listed by mineral mining company name and Virginia DMM permit number;
- The lump sum amount of wages paid by the independent contractor at each mine site, if such amount is above \$1,000, listed by mineral mining company name and Virginia DMM permit number.

A Mineral Mining Annual Report form and instructions are enclosed to assist you in providing this information. This report must be filed even if there was no employment at a mine site. If there was no employment, then you must enter zeros.

In addition to the above, if you are an independent contractor and you perform all of the mining functions, i.e. you are a contract miner and are actually responsible for the mine production, then you will need to provide your production information (quantity of minerals mined) to the licensed mine operator for his tonnage report.

Because these annual reports provide valuable information that address safety and economic impacts, you should ensure that the information is accurate and complete. Keeping accurate records of employment throughout the year will help in completing future annual reports. By submitting the information requested on the form you will comply with the annual reporting requirements of the Mineral Mine Safety Laws of Virginia.

The Virginia General Assembly enacted a law in 2000 that requires individual employer's wage information collected on the annual report to be kept confidential. DMM will not release individual employer data. The Division only will release wage information when it is aggregated in such a manner that it does not reveal information on any individual employer.

Contractor information is now posted and available for review on the internet at the DMME website at: www.mme.state.va.us/dmm. Please notify the Division if there are any corrections or updates necessary to this information.

If you have any questions on the completion of the annual report, please contact Jamie Dunivan at (434) 951-6314.



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINERAL MINING
 900 Natural Resources Drive
 P. O. Box 3727
 Charlottesville, VA 22903
 (434) 951-6310

MINERAL MINING ANNUAL REPORT FOR CONTRACTORS

REPORT FOR CALENDAR YEAR _____

1. CONTRACTOR NAME _____
2. DMM CONTRACTOR IDENTIFICATION NO. _____

COMPANY NAME	DMM PERMIT NUMBER	NUMBER WORKERS	HOURS WORKED	TOTAL WAGES (For Sites w/wages over \$1,000)*
TOTAL FOR	CONTRACTOR:			

*Must be completed for sites where the total wages exceed \$1,000 but does not include materials. (Use additional sheets as necessary)

REPORT REQUIRED BY LAW - Code of Virginia, Title 45.1, Chapter 14.4:1, Section 45.1-161.292:35.B requires this form to be filled out and returned to this office by the 15th day of February. Contractors that fail to submit annual reports will be subject to closure.

I, the undersigned, hereby certify that all information provided on this report is true and accurate to the best of my knowledge and belief. I further certify that all occupational injuries involving contractor employees occurring on mine sites have been reported for calendar year _____.

SIGNED _____ TITLE _____ DATE _____

PLEASE PRINT YOUR NAME _____

**MINERAL MINING ANNUAL REPORT
FOR CONTRACTORS
Form DMM-146C Line Instructions**

Line 1

Report For Calendar Year

The reporting year for this report runs from January 1, 2002 through December 31, 2002. If you worked on a mineral mine during any part of the Calendar Year, you must report those activities . Enter “2002” on Line 1.

Line 2

Contractor Name

The full legal name of your company must appear on Line 2. Please print.

Line 3

DMM Contractor Identification Number

Every independent contractor registered with the Division of Mineral Mining has been issued a Contractor ID Number. You were notified of this number when you were first registered with the Division, and all correspondence to you from the Division has used this ID No. Place your ID Number on Line 3. Use of your DMM Contractor Identification Number in filling out this report is essential. If you are unable to locate your contractor identification number, it can be obtained via the DMM web page located at www.mme.state.va.us. If you are unable to obtain computer access, your ID Number may be obtained by contacting the Division at (434) 951-6314.

Line 4

Company Name

The name of each mineral mining company for which your company has worked should appear on Line 4. If your company has done work on multiple mine sites for one mining company, please enter the mining company name for each site.

Line 5

DMM Permit Number

Every mineral mine permitted by the Division of Mineral Mining has a unique 7 digit permit number made-up of 5 numerical characters followed by 2 letters. The permit number of each mine site that you performed worked on must appear on Line 5. The permit numbers may be obtained from the mining companies, or via the DMM web page located at www.mme.state.va.us.

Line 6

Number Workers

The number of employees that you had working on each mine site must appear on Line 6. Where various employees may have been on the mine site at different times, the total of all employees who worked on the mine site should be entered. The total employees working on all mine sites should be entered on Line 6A.

Line 7**Hours Worked**

The total accumulative hours worked by all employees who worked on each individual mine site must appear on Line 7. Only hours worked on the mine site should be calculated. Work performed “off-site” or at your facilities should not be included. Time spent traveling to the mine site should be considered as “off-site” work hours and not included. The total hours worked on all mine sites should be entered on Line 7A.

Line 8**Total Wages**

Total wages paid to your employees for work performed on each individual mine site must appear on Line 8. Where wages for all employees working on an individual mine site total less than \$1,000.00, the amount of compensation need not be indicated, but all other information regarding numbers of workers and hours worked must be reported. Enter the total wages paid to employees working on all mine sites on Line 8A.

Line 9**Occupational Injuries**

Enter “2002” on Line 9 if you have either had no occupational injuries at a mineral mine during Calendar Year 2002 or you have reported all occupational injuries that have occurred at mineral mine sites to the Division for Calendar Year 2002.

All occupational injuries must be reported to the Division of Mineral Mining at the time of their occurrence. An “occupational injury” is defined as “any injury which occurs at a mine for which medical treatment is administered, or which results in death or loss of consciousness, inability to perform all job duties on any day after an injury, temporary assignment to other duties, or transfer to another job.”

If you have failed to provide accurate accident information to the Division for the Calendar Year, please contact the Division at (434) 951-6310 to correct this situation. The accident information may be submitted with the contractor annual report to fulfill this requirement.

Line 10, 11, 12, and 13**Signature, Title, and Date**

The person responsible for filling-out and filing the “*Mineral Mining Annual Report for Contractors*” for your company should certify the information provided to the Division by signing Line 10. The person should also state their job title on Line 11 and enter the date on Line 12. The person signing the report should print their name on Line 13.